



Electronic Transmission Of AHCCCS Fee-For-Service Remittance Advice

I am interested in receiving the AHCCCS Fee-For-Service Remittance Advice in an electronic format.

I prefer to receive the Remittance advice (please check one):

☐ Via e-mail ☐ Through Virtual Private Network (VPN) ☐ Not sure

I understand that although my Remittance Advice will be transmitted electronically, my reimbursement check(s) will continue to be delivered by the U.S. Postal Service to the pay-to address(es) on file with the AHCCCS Administration Provider Registration Unit.

Provider/Group Name: _____

AHCCCS Provider Identification Number: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: () _____ Fax: () _____

Name of Contact Person: _____

Email address: _____

Signature of Provider
Or Authorized Representative: _____

Date: _____

Mail this form to: AHCCCS Claims Policy Section
MD 8100
701 E. Jefferson St.
Phoenix, AZ 85034

OR

Fax this form to: AHCCCS Claims Policy Section
(602) 256-1474